



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 05-10003-NMG	
DEFENDANT(s) DENNIS ALBERTELLI, et al.		TYPE OF PROCESS Order for Interlocutory Sale	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Michael F. Natola, Esquire		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) The Prince Building, 63 Atlantic Avenue, Boston, MA 02110		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)			
<p>Please serve the attached Order for Interlocutory Sale upon the above-named individual by certified mail, return receipt requested.</p> <p style="text-align: right;">LJT x3364</p>			
Signature of Attorney or other Originator requesting service on behalf of <i>Kristina E. Barclay</i>		I X Plaintiff I Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date March 2, 2006	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER <i>John K.</i>
Date 10/11/06			
I hereby Certify and Return That I <input checked="" type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> I HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> I HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
I <input checked="" type="checkbox"/> HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		I <input checked="" type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service <i>0/26/06</i>	Time of Service <i>9:00 AM</i>
I <input checked="" type="checkbox"/> 1 PM			
Signature, Title and Treasury Agency <i>John K. 84 DRS-CF</i>			
REMARKS: <i>Per USPS track + confirm website, certified mail was accepted on 0/26/06</i>			

TDF 90-22.48 (6/96)